

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AUTOMATIC POSITIONING QUALITY ASSESSMENT FOR DIGITAL MAMMOGRAPHY
Attorney Docket Number::	1503-1072
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: EMIL
Middle Name::
Family Name:: SELSE
Name Suffix::
City of Residence:: LINKÖPING
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing KÄLLGATAN 4
Address::
City of Mailing Address:: LINKÖPING
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-586 62

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KRISTINA
Middle Name::
Family Name:: PETTERSSON
Name Suffix::
City of Residence:: LINKÖPING
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing SNICKAREGATAN 27
Address::
City of Mailing Address:: LINKÖPING

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-582 26

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001477	9/22/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::